

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND **10/527765**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$

10 REASON:	
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

8 TO BE REFUNDED BY:	
	Treasury Check
	Credit Deposit A/C #:
9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div> </div>

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____ SIGNATURE: _____ OFFICE: _____	TITLE: _____ <small>Adjusted Date: 06/01/2005 PRIDWELL</small> <small>03/18/2005 SHAJARU 90900093 101250 10527 65</small> PHONE: 500.00 CR

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____
DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**